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Procedures Performed on the Digestive System

Codes within this section of the CPT book describe open and endoscopic procedures performed on the digestive system, including the mouth and related oral structures, the pharynx, adenoids and tonsils, esophagus, stomach, intestines, appendix, rectum, anus, liver, biliary tract, and pancreas.

Resection and Repair Procedures of the Lips (40490–40799)

There are two classifications of procedures performed on this lips: excisions and repairs.

Cheiloplasty (40700–40761)

A cleft lip or palate is the failure for the muscle and/or bone to fuse leaving an opening in the anatomical structure. This occurs in the 8th through 12th week of gestation. In order to code appropriately for cleft palate and cleft lip, the type of cleft must be identified.

Cleft lip occurs when there is an opening or cleft in the lip. A small cleft may be referred to as partial or incomplete and a large cleft, which continues into the nose, is sometimes referred to as a complete cleft lip. This can occur unilaterally (one side of the mouth), bilaterally (both sides of the mouth), or median (middle or directly under the nose). A cleft in the lip does not mean that there is a cleft in the palate and vice versa. A patient can have one or the other, or both. The repair of a cleft lip, also known as a cheiloplasty, may involve other reconstructive procedures that are reported using the appropriate codes from the integumentary subsection.

Procedure differentiation

Repair of a cleft lip is also known as cheiloplasty. Code 40700 involves the surgical correction if unilateral cleft lip. Any nasal deformity often caused by the cleft lip may also be repaired during the surgical encounter. The cleft margins are incised on either side from the mouth toward the nostril and through the full-thickness layers of mucosa, muscle, and skin. The vermilion border of the cleft lip is turned downward to restore the normal shape of the lip and the muscle and skin are brought together to close the cleft separation and preserve muscle function. The physician closes the prepared margins in layers from the intraoral mucosa through the muscle with final closure of the skin.

Codes 40701 and 40702 report the surgical correction of a bilateral developmental cleft lip deformity. Code 40701 is reported when the repair is done in one stage. Report 40702 when documentation indicates that one stage of a two stage repair is performed. Typically, the cleft lip is repaired first and nasal deformities are repaired in a second surgical session.

When documentation indicates that the physician recreates the cleft defect and then makes the repair, 40720 is reported. This is most frequently performed when the previous correction has an unfavorable result, such as scar contracture (permanent shortening), wound dehiscence (splitting), or infection. The cleft margins are recreated to define clean edges for the defect through full-thickness layers of mucosa, muscle, and skin. The prepared margins are again closed in layers from the intraoral mucosa through muscle with final closure of the skin.

Definitions

bilateral cleft lip. Two congenital fissures or openings in the upper lip that occur on both the left and right of the philtrum (indentation in the center of the lip).

complete cleft lip. Congenital fissure or opening in the upper lip that extends to the nose.

partial cleft lip. Congenital fissure or opening in the upper lip that does not extend to the nose.

unilateral cleft lip. Congenital fissure or opening in the upper lip on one side of the philtrum (indentation in the center of the lip).
Complicated repairs using a pedicle flap from the lower lip are reported with 40761. Documentation must indicate that in addition to the repair usually performed to correct the cleft defect, a pedicle flap was designed from the lower lip based on blood supply. The flap is created with a full-thickness incision and rotated on its pedicle to the desired location. The flap is sutured in layers to the recipient tissue location.

The table below may be used to help determine which code is appropriate for the procedure performed.

### Cheiloplasty

<table>
<thead>
<tr>
<th></th>
<th>40700</th>
<th>40701</th>
<th>40702</th>
<th>40720</th>
<th>40761</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unilateral</td>
<td>X</td>
<td></td>
<td></td>
<td>X*</td>
<td></td>
</tr>
<tr>
<td>Bilateral</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One stage procedure</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One stage of a two stage procedure</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary repair</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary repair</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>With pedicle flap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

*When performed bilaterally modifier 50 should be appended to 40720.

### Key Documentation Terms

The medical record documentation must indicate the following:

- Unilateral or bilateral
- Primary or secondary
- With or without flap

### Coding Axiom

### Coding Tips

- To report the performance of a rhinoplasty to correct a nasal deformity that is secondary to a congenital cleft lip, see 30460–30462.
- Two codes are necessary when both a cleft lip and a cleft palate are repaired.

### Coding Trap

The following procedures are excluded from this section of codes and may be reported separately:

- Cleft palate repair (42200–42225)
- Other reconstructive procedures (14060, 14061, 15120–15261, 15574, 15576, 15630)

### Billing and Payment Issues

These procedures have a 90-day postoperative period.
Procedures Performed on the Tongue and Floor of Mouth (41000–41599)

Codes within this subsection are used to report procedures such as the incision and drainage of abscesses or cysts, the excision of lesions or structures within the mouth, and the repair of lacerations.

Surgical Incision of Floor of Mouth or Tongue (41000–41018)

This subheading contains codes that are used to report procedures that require incision into the structures within the floor of the mouth and/or the tongue, such as intraoral abscesses, cysts, or hematomas. Documentation must indicate that the physician made a small intraoral incision through the mucosa of the tongue or floor of the mouth overlying an abscess, cyst, or hematoma, and drained the fluid.

Procedure Differentiation

In 41000, the incision and drainage site of the cyst, hematoma, or abscess is on the tongue (lingual). In 41005, the lesion is located superficially under the tongue (sublingual). In 41006, the sublingual lesion is deep into the supramylohyoid muscle. In 41007, the physician dissects through the anterior floor of the mouth into the supramylohyoid muscle to drain an abscess in the submental space. In 41008, the physician incises through the mucosa of the floor of the mouth to the supramylohyoid muscle and carries the dissection deeper into the tissue to reach the submandibular space. In 41009, dissection is carried out down through the mouth and into the masticator space, containing the ramus, the posterior portion of the mandible, and the masticator muscles to drain the abscess. If the abscess, cyst, or hematoma is extraoral, see 41015–41018.

Resection of the Tongue (41100–41155)

This subheading contains codes that are used to report procedures that require excision of a lesion of the structures within the floor of the mouth and/or the tongue.

Procedure Differentiation

Excision services include biopsy of the tongue based upon the part of the tongue (41100–41105) and the floor of the mouth (41108). Lesion excision of the tongue is reported with 41112–41114 according to the part of the tongue treated and the extent of the wound closure. Use 41116 for excision of a lesion of the floor of the mouth.

Repairs of the tongue and floor of the mouth lacerations, if performed, are reported with 41250–41252. The size of the laceration and the location are used to select the specific code.

Other procedures on the tongue include mechanical fixation of the tongue using K-wire or other method, but not suture (41500) for disease or injury. Micrognathia, congenital hypoplasia, or abnormal smallness of the maxilla or mandible may be treated by suturing the tongue to the lip and is reported with 41510. There are two procedures specific for treatment of sleep apnea. Code 41512 reports tongue-base suspension using a wire attached to the mandible, and 41530 is used for ablation of the tongue base.